

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAR 17 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000079980

1. Corporation Name

AFFORDABLE CLOSEOUTS, INC.

REINSTATEMENT 02-03

600014242116
03/17/03--01063--019 **750.00

2. Principal Office Address

1372 N. KILLIAN DR.

Suite, Apt. #, etc.

UNIT C

City & State

LAKE PARK, FL

Zip

33403

Country

PALM BEACH

3. Mailing Office Address

1372 N. KILLIAN DR.

Suite, Apt. #, etc.

UNIT C

City & State

LAKE PARK, FL

Zip

33403

Country

PALM BEACH

**4. Date Incorporated or Qualified
To Do Business in Florida**

08/09/2001

5. FEI Number

65-1133288

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARIO SCUDERI

Street Address (P.O. Box Number is Not Acceptable)

6354 BARBARA STREET

Suite, Apt. #, Etc.

City

JUPITER

State
FL

Zip Code
33458

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Mario Scuderi

REGISTERED AGENT MUST SIGN

Date: MARCH 12, 2003

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| PRES | MARIO SCUDERI | 6354 BARBARA STREET | JUPITER, FL 33458 |
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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE

Mario Scuderi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIO SCUDERI

03/12/03

Date

(561)844-2531

Daytime Phone #

CR2E001 (10/02)

3/15